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CONFIRMATION NO. 4370

Bib Data Sheet

SERIAL NUMBER 09/985,756	FILING OR 371(c) DATE 11/06/2001 RULE	CLASS 435	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 032775-083
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/246,728 11/09/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 11/26/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 3	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

26181

TITLE

METHODS FOR THE TREATMENT OF CELLULAR PROLIFERATIVE DISORDERS

FILING FEE RECEIVED 1748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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